

IMPORTANT: FOR CURRENT RESIDENTS ONLY. *Do not forward.*
Please update the information provided by adding, deleting or making changes to the printed information below. List all persons, including roommates, who have lived at this address since January 1, 2012.
Please sign and return this form promptly, even if no changes are necessary.

Ward: Precinct:

If this address is incorrect, make corrections below.

IMPORTANT: Response establishes proof of residency. Failure to respond to this mailing shall result in removal from the active voting list and may result in removal from the voter registration rolls.

PLEASE SEE REVERSE SIDE FOR GENERAL INSTRUCTIONS

**** Instrucciones en Español** se proporcionan en el documento incluido con este envío - **As instruções em Português** são fornecidas no documento incluido com este envio - **Enskripsyon an Kreol Ayisyen** Enprime anndan fom lan

Please Print

Name			Mail To*	Gender(M/F)*	Date of Birth mm / dd / yyyy	Occupation	Nationality If not U.S. Citizen	Party*	Moved/Deceased	US Veteran*	# of Dogs	Previous Address If at the above address for less than one year
Last	First	Middle										

* Optional information

Signature of Respondent

Date

Signed under the penalties of perjury as prescribed by M.G.L. Ch. 56 §4

If there is no party information next to your name, you are not registered to vote. () **CHECK HERE** if you would like voter registration forms to be mailed to you.

_____ Number of forms?

*Telephone Number: _____

SPECIAL INSTRUCTIONS: Return IMMEDIATELY

COMPLIANCE with this State requirement provides proof of residence to protect your voting rights, veteran's bonus, subsidized housing and related benefits, as well as providing information for the selection of jurors. This form DOES NOT register you as a voter.

GENERAL INSTRUCTIONS: Please Print

1. Verify and/or complete all information listed on the form.
2. List ALL persons whose legal address is the same, including roommates. Include any member of the family in Military Service, away at school or confined to a rest home whose legal residence is the same.
3. **Make all changes below the typewritten line(s).**
4. If a NEW MEMBER has been added to the family or household, enter the name and information on a blank line at the end of this form.
5. Put a line through the name of any resident no longer residing at this address and list his/her new address.
6. MAIL TO - Designates the person in your household to whom all mail should be addressed. If you wish to change, enter and "X" next to that individual's name.
7. OCCUPATION - Please list your occupation, not your place of employment.
8. NATIONALITY - Enter only if not U.S. Citizen.
9. MOVED/DECEASED - Enter "M" or "D" if appropriate.
10. U.S. Veteran - Indicate "Yes" if United States Veteran, or "No" if not.
11. To return this form, tri-fold and insert into return envelope provided. Stamp envelope and drop in any U.S. mailbox or return postage-free by dropping in one of Somerville's Census Collection Boxes. (See below for locations.)

Mail To: Somerville Election Department, 93 Highland Ave. Somerville, MA 02143

LOCATIONS FOR CENSUS COLLECTION BOXES

For your convenience, you can choose to drop off your annual census form at the following locations:

LOCATION	LOCATION	LOCATION	LOCATION	LOCATION
East Branch Library 115 Broadway	Reilly-Brickley Fire Station 266 Broadway	City Hall 93 Highland Ave	Central Library 79 Highland Ave	Lowell St Fire Station 651 Somerville Ave
City Hall Annex 50 Evergreen Ave	West Branch Library 40 College Ave	Engine 7 Fire Station 265 Highland Ave	Traffic & Parking 133 Holland Street	Public Safety Building 220 Washington Ave
Water Office, DPW Franey Road	Cross St. Senior Center 165 Broadway	Council on Aging 167 Holland Street	Ralph & Jenny Senior Center 9 New Washington St	Engine 6 Teele Sq Fire Station 6 Newbury Street